

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9		1				
10		3				
11		4				
12		3				
13		0				
14		0				
15		3				
16		3				
17		4				
18		4				
19		4				
20		4				
21		4				
22		4				
23		4				
24	1					
25		4				
26		4				
27		4				
28		4				
29		4				
30		4				
31		4				
32	1					
33		0				
34		0				
35		0				
36						
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42						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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58						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS